

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15C0001105</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/15/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SOUTH EMERSON SURGERY CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>8141 S EMERSON AVE STE C</b> <b>INDIANAPOLIS, IN 46237</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS  This visit was for the investigation of 1 Federal complaint.  Complaint #: IN00170006 Substantiated, Federal deficiency related to allegation is cited.  Date of Survey: 4/15/15  Facility number: 002837			Q 000			
Q 242	QA: cjl 05/04/15 416.51(b) INFECTION CONTROL PROGRAM  The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.  This STANDARD is not met as evidenced by: Based on policy/procedure review, document review and interview, the facility failed to ensure that nursing personnel followed policy/procedure for instrument sterilization, environmental cleaning and hand hygiene.  Findings:  1. Facility policy titled "Autoclave Logging" last reviewed/revised 8/6/14, states "Whenever an autoclave is used the computer log or graph will			Q 242			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/22/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 242	<p>Continued From page 1</p> <p>show that the correct parameters for sterilization were met."</p> <p>2. Facility policy titled "Steam Sterilization" last reviewed/revised 8/6/14 states under "Procedure":</p> <p>G. Each sterilizers function will be monitored daily.</p> <p>1. The biological indicator testing will be done daily using Bacillus stearothermophilus spore testing. The results recorded in the steam log book.</p> <p>2. For the prevacuum steam sterilization cycle, a Bowie-Dick type test should be performed daily in an empty chamber and the results recorded in a log.</p> <p>3. Mechanical control monitors such as a graph or computer driven printout will be used to verify time, temperature, and pressure recording. The control monitors will be stored in the Surgical Center</p> <p>4. Logs and files are retained for a specified period of time as established by local, state or federal regulations.</p> <p>3. Guidelines posted in the central processing area indicated that the ATTEST(biological) cycle testing frequency is run everyday that autoclaves are used and Bowie Dick cycle is run once a week unless a wrapped load is run in the autoclave. The Autoclave log indicated the following:</p> <p>Autoclave #1 did not have evidence of the following:</p> <p>April 2, 3, 8 and 9 did not have Biological recorded. April 3 and 10 did not have Bowie Dick test recorded.</p> <p>Autoclave #2 did not have evidence of the</p>	Q 242			

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Q 242	<p>Continued From page 2</p> <p>following: April 2, 3, 8 and 9 did not have Biological recorded. April 3 did not have Bowie Dick test recorded. Autoclave #3 did not have evidence of the following: April 9 and 10 did not have Biological recorded.</p> <p>4. Staff # 2 (Registered Nurse) was interviewed on 4/15/15 at 1430 hours and verified that the facility had surgical cases on April 1,2,3,7,8,9,10 and 14. He/she verified that biological and Bowie Dick testing was not recorded on the above dates.</p> <p>5. On 4/15/15 at 1415 hours, staff #4 (Scrub Tech) verified that the print outs for monitoring the mechanical indicator are thrown away and results from each load of sterilized instruments are not logged.</p> <p>6. On 4/15/15 at 1415 hours, the soiled and clean instrument processing areas were toured. A bottle of bleach and water solution was observed with a date of 3/24/15.</p> <p>7. Policy titled "Environmental Cleaning/Infection Control" last reviewed/revised 8/6/14 states under Policy, II: K. If the cleaning chemical is removed from the original container, the secondary container should be labeled with the chemical name, concentration, and expiration date.</p> <p>8. On 4/15/15 at 1415 hours, staff #4 (Scrub Tech) verified that a spray bottle of bleach and water mixture that is used to clean the flap between the soiled and clean instrument processing areas has a date of 3/24/15. He/she</p>	Q 242			

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Q 242	Continued From page 3 indicated that the bottle had been there "since I got here".  9. The facility policy "Hand Hygiene" last reviewed/revised 8/6/14 states under "Hand Washing/Hygiene": a. Chipped fingernail polish should be removed prior to entry into the restricted area of perioperative environment.  10. On 4/15/14 at 1415 hours, staff #4 (Scrub Tech) was observed to have purple chipped nail polish while working in the instrument processing rooms.	Q 242			